latter simultaneously slipped out from the author's hands to sink into the abdomen. Being unable to make out the incision, he made another and introduced a finger into the organ, but this time to his utter consternation, failed to detect any stone therein; in fact, the bladder proved to be empty,though the presence of a stone had been established beyond doubt just before the first incision. Anyhow, it remained only to close the abdominal wound, with three stitches, the vesical incision, or rather incisions were left open. On the third day while changing the dressing, an oval, oxalate stone, weighing 1 gramme, was found sticking to the wound, under the longest suture, and was easily extracted. Dr. Rüsanoff thinks the calculus had been ejected during the retching to bury itself somewhere in the antevesical cellular tissue. No suppuration occurred, the child making an excellent recovery. (2) A peasant boy, æt. 3 years. The bladder was fixed by means of stout silk threads and then incised. An oval, oxalic calculus, weighing 3.68 grammes, was extracted. The boy speedily recovered.—*Vratch*, No. 8, 1888.

VALERIUS IDELSON (Berne).

V. Tubercular Cystitis; Hypogastric Incision; Drainage; Good Functional Result. By EDMOND BLANC (Paris). After remarking that the capital indication in these cases is to secure physiological rest to the bladder by means of free drainage, the author relates the following case:

Jean B. V., æt. 14 years, admitted to the Hotel Dieu, July, 1886. One sister died of phthisis, another sister now suffering from the same disease. Patient first noticed bladder symptoms in April, '86. They were chiefly as follows: Hæmaturia, frequent painful micturition, pain radiating to the end of the penis and much aggravated by walking or riding, occasional sudden stoppage of flow during micturition, and passage of gravel, general condition most miserable. The urine contained blood, mucus and pus; bacilli were not looked for. The diagnosis lay between calculus and tubercular cystitis. The sound revealed a hard body at the posterior half of the bladder, causing a slight grating.

A suprapubic incision was made and the bladder thoroughly ex-

plored with the finger. No trace of calculus discovered. A long caoutchouc tube, fenestrated only in its vesical part, was passed through the urethra and out through the vesical wound (*drainage de Demons*) and boracic gauze dressing applied. As long as the drainage tube remained in place not a drop of urine touched the wound, great relief in the symptoms followed this treatment, but the patient died in September from uræmia which was sufficiently explained by the state of his kidneys, the left being one large pyo-nephrotic sac, the right presenting three cretaceous masses as big as a walnut. On the posterior wall of the bladder there was a calcareous deposit with ample evidence of cystitis. There were some old tubercles at the apices of the lungs.

J. ANDERSON SMITH (London).